

The Times and Register.

VOL. XXXIII. No 11. PHILADELPHIA AND BOSTON, JUNE 12, 1897.

WHOLE No. 939.

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THE PROBABLE FUTURE OF THERAPEUTICS.

By JAMES ROBIE WOOD, M. D., New York.

Identica, Similia, Contraria—By These Signs We Will Conquer.

PART III. THE SERO-THERAPY OF ANTAGONISM.

"The first five years we say:

'It is not so;'

The next five years: 'We knew
it long ago.'

SYNOPSIS OF PREVIOUS PAPERS.

The first paper of this series was devoted to an appeal for fair play among physicians of all medical beliefs, and concluded with the probable division of future sero-therapies into those of identities, similarities and antagonisms. Jenner's observations on the peculiar interference of herpes with vaccine and variola inoculations were quoted to show how very near he came to discovering a general therapeutic law.

A brief account was also given of some early experiments in sero-therapy begun in this city during the year 1875.

The second paper was confined mainly to the sero-therapy of similarity—its meaning, and where similar diseases may be sought, especially among the lower animals, and when such similitudes are not readily found, how to produce them by the introduction of toxicants from the vegetable, mineral and animal kingdom, and particularly by the use of viper and insect poisons to inoculate

animals and plants. Dr. Furley's vaccine lymph injections, instituted previous to 1872, as a curative for variola were also noted.

This, the third paper of the series, will take up the sero-therapy of antagonism. As contraria hardly expresses the full meaning intended to be conveyed the word antagonism is chosen in preference.

The final articles will attempt considerations of all probable coming laws of cure; also peculiar fads, fancies and ideas and their application in general therapeutics.

Last of all will be a review of what has been gone over, with medical cases to prove each law.

Obstacles to the advance of medical therapeutics are greater and far more difficult to overcome than those which once retarded surgery.

Extensive researches, like those of Pasteur, Koch and others, are very difficult in this country, because our Government bars the doors of her treasury against scientific investigations and investigators, more especially if they happen to be medical,

except perhaps when contagious diseases threaten our ports.

Individual intelligence and energy combined with the spirit of self-sacrifice are always at hand, ready and willing to undertake any work required; but what right have we to expect men to struggle and suffer through hunger, thirst and cold without reward that we may use the results of their labors at the bedside, and after reaping all the honor and profits, return unwilling, if any, recognition and scanty praise for their valuable services.

"Sic vos von vobis vellera fertis, oves."

Many originators of great thoughts have appreciated the keen irony of the words:

"Ingratitude for benefits received pays every debt and cancels obligation."

One great disgrace which afflicts us as a nation is that, while immense amounts are squandered at the bidding of political schemers, science, which has no friend at court, no cunning lobbyist to buttonhole minds heedless of all the higher necessities of a people, must stand aside or humbly gather paltry crumbs which may fall from the political table.

Look at the United States Coast and Geodetic Survey, more than any other body of men under the government. The able officers living and dead constituting that splendid service have given world-wide honor to this country, no other government having a survey that can in any way compare with our own.

What has the Government done for it? Politicians have most grudgingly doled out such miserable pittance for its absolute necessities that had not the pride of its members and their intense love for their high duties impelled them to surmount most trying difficulties, its work could not have been accomplished. Finally, when too old for work, members of our Coast Survey are suffered to retire without pension and endure serious privations. Therefore medical investigators need not waste precious time seeking national aid.

We are told that the learned institutions, particularly our richer

medical colleges, will carefully and thoroughly pursue such studies. Unfortunately our medical colleges of all schools are notoriously narrow and one-sided. In guarding their doors against what they consider false theories they frequently leave great truths out in the cold.

It has been truly said: "Those most opposed to new discoveries are generally the workers in the subject they touch upon."*

*The following extract from a letter just received from an able and conscientious physician and scientist connected with one of the great laboratories of Germany, to whom I had sent my first paper, explains itself:

"Berlin, May 2. 1897.—Dear Doctor:—The interesting paper, of which you sent me a copy, and especially your instances of the contempt of the French Academy for new ideas that afterwards revolutionized human intercourse, reminded me of two personal instances in which I found myself among the scoffers. Following each other within a years' time has led me to realize that age and inertia are beginning to creep on.

As they may interest you I will relate them. First, respecting photography in colors. * * * I had stated very positively that it certainly would never come to pass, for each color would require separate chemical reaction, that would doubtless interfere with the others. By a most simple application of a plate lined with three fundamental spectral hues the difficulty at present for transparent pictures has been solved without multiplying the chemical reactions in the sensitive substance. Second, shortly after Roentgen's discovery * * * the belief that it would become useful in diseases of the chest was considered in our laboratory as entirely chimerical. Since I am only at work on new ideas in general these mistakes were a surprise to me personally, but they are illustrative of the fact that those most opposed to new discoveries are generally the workers in the subject they touch upon. And this fact renders one's admiration all the greater for those who are so alive to the weight and worth of facts that, despite all their plans and preconceived notions, are ready at any moment to change their thoughts and actions, in logical measured response to new data. * * * Unfortunately he who deals in scientific problems often requiring hours of contemplation in order to simplify his intended solution is, by this habit of thought, placed very much at a disadvantage. With many, however, who pursue such work, I find that the best ideas and the greatest help come seemingly as by inspiration, generally on awakening from sleep, but only when the matters have been on the mind more or less intently for some time before. So I find also on the other hand, that in conveying new ideas to others it is very slow work, especially where any prejudices are to be en-

countered. * * * Germans, as you know, are good disputants, and possessing in medicine both well stored knowledge and well-trained minds, it is both possible as well as a pleasure to teach as well as to learn by disputation. * * * Controversy is the life of German science, as I believe it is the life of nations. * * * I am in hopes that the hard facts that serum therapy is showing up will finally convince all what the science, and, in consequence thereof the art of medicine must have, or sink to the level of mere mechanical invention.

Such expensive and laborious work must therefore depend upon private liberality and enterprise, untrammelled by so-called "schools of medicine." In this connection it is pleasant to record the wisdom and generosity of several persons who make their wealth a blessing to the community and therefore to themselves. One such, a public-spirited lady of this country, devotes nearly \$30,000 each year to the scientific inquiries of eminent individual scientists. What a noble example for others to follow!

Would our medical colleges have sanctioned the therapeutic heresies of Pasteur and Koch, which savored so strongly of "the hair of the dog to cure the bite?" This can be answered from the mouth of one of their most eminent professors, a fairly liberal man, and, as the world goes, certainly an honorable and upright gentleman. More than 20 years ago, when asked during his lecture if there might not be some shadow of truth in the very ideas which Pasteur, Koch and Roux have to-day established, he replied with asperity: "If I were told that the moon was made of green cheese, would it be worth my inquiry? Just so do I view the silly question you put to me."

Right well do I remember the expression of supreme disdain which accompanied these words.

The older members of the profession have not forgotten the icy atmosphere which surrounded Marion Sims when he came a comparative stranger to this city and humbly asked a hearing.

Eminent professors of that day, with but few honorable exceptions, used every effort to muzzle him, so as to prevent his surgical innovations from reaching the profession.

They even attempted to rob him of honors due to those magnificent achievements which were the result of his untiring labor and zeal. He gave the most efficient of those impulses to gynecological surgery which have carried it to its present exalted position.

As a consequence every new surgical suggestion to-day commands a quick and anxious audience.

Marion Sims found no such audience until a broad-minded, big-hearted newspaper man, full of common sense, compelled those to hear and heed who should have been his willing sponsors and truest friends.

What wonder is it that so many brainless nobodies rush to the daily press with ideas stolen from their neighbors, when they see the really great men like Sims ignored or rebuffed through petty jealousy by so-called medical leaders? Such pigmy littleness, which seldom ceases, encourages charlatans and medical mountebanks, while it discourages and disheartens many timid and unknown original thinkers, who are made painfully aware that a merciless pack of hounds is ever ready to rend each new thought that is not first announced by some already prominent "medicine man."

Surgery has passed her thorny road and reached a broad, triumphal way, but, alas! like many other thoughts and men who bestride the topmost round of fame, surgery's disciples sometimes help to make the very ladder by which they mounted unsafe for medical thought to climb.

Surgery has fought and won the battle which stupidity for centuries waged against her, but medicine still prostrate is trampled upon, and her efforts to develop a therapeutic system governed by true laws of cure are thwarted by those who hate truths which disturb their vanity. Facts are accepted which distinctly declare great principles, but the principles themselves are shunned and derided. The curative value of diphtheretic anti-toxin is accepted as a fact, yet identity as a therapeutic law is denied.

Vaccination is almost universally accepted, but the law of similars as a curative power is not appreciated.

These points will be more broadly challenged in a later paper on general therapeutics.

Were it not painful, pitiable and humiliating, it would be ludicrous to see the two great dominant schools of medicine, containing, as they do, honest and earnest men, who willingly offer health and even life itself for the benefit of suffering humanity, making faces at each other, like silly and thoughtless children, instead of sincerely seeking truths each from the other.

There are adjectives and there are occasions where their use would be heard in heaven with applause! This stupid and wicked animosity of educated men supplies the occasion, but where above the bottomless pit can fitting adjectives be found?

Will men who assume the role of leaders of thought forever mistake pinnacles for foundations and foundations for pinnacles?

All schools contain much that is true and very much that is false.

Even bacteriology, which we so hysterically worship to-day, while being perfected and confirmed in some directions, in others it will surely receive many cruel blows during the coming century, for it is one of the pinnacles which we are now mistaking for a foundation stone.

It is said that honey is more persuasive than vinegar, but who with one spark of manliness would choose honeyed words to utter when wife and mother are insulted?

Medicine should be treated as a mother, and to her highest principles true physicians must be espoused, and it is a natural duty to protect wife and mother from insults, even of professional brothers.

Some say that a conservatism which suppresses enthusiasts is salutary, and that if genuine, "truth crushed to earth will rise again."

Ah, this is truly touching in reckless poetry, but in reality it is often unmitigated fiction, for trampled truths have commonly been very slow in rising; thousands are still awaiting resurrection. Many such may yet add golden pages to future therapy.

Truth was crushed to earth when

John Calvin caused Servetus to be burned at the stake with his writings piled around him to feed the flames, because, forsooth, among other similar blasphemies and heresies, Michael Servetus tried to convince men that the blood circulated through the lungs. That cruel fire crushed this great truth until Harvey demonstrated the circulation of the blood nearly a century later.

We need not exult in the fact that Calvin was not a doctor of medicine, for Harvey suffered bitterly at the hands of his learned brother practitioners, who declared his teachings unjustifiable innovations.

Richelieu crushed the application of steam to earth for nearly two centuries by the imprisonment of Solomon de Caus, but that was nearly 300 years ago, and he was not a physician. But we must not forget that Ambrose Pare, who flourished a little later, was shamefully persecuted by physicians for tying bleeding arteries instead of continuing the ancient and awfully humane application of hot irons, hot oil and hot pitch to arrest the flow of blood. In proportion to the boasted enlightenment of this nineteenth century are we really any better to-day? Do we not spurn and persecute great truths which anxiously offer their blessings to us?

Perhaps you may think that this prelude dwells more upon mental, moral and physical antagonisms than the therapeutic.

It is of the first importance to clear the deck for action, and in order to do so it is well to put prejudice in chains, for it is constantly encouraging mutiny against commanding truths, else we can never realize that glorious future of medicine which is so fondly anticipated.

We have already enough facts to justify a firm belief that there exist certain great central therapeutic laws, which may be comprehended under the general terms of "Identity, Similarity and Antagonism."

Doubtless other laws, or shades of these foundation principles, will soon or late be discovered and applied.

To illustrate the law of identity we have, besides diphtheritic anti-

toxins, other serums which are prepared by using (primarily) contagious matter from diseases identical with those for which the serum is to be used.

In this connection Koch's latest utterances are rather startling. He now prefers triturations of what is hardly more than the dead bacilli. In other words, he rolls the century backward to do exactly what the maligned Isopaths did when our grandfathers were boys. Having no means of isolating the microbe, they tritured for many hours the dried sputa or fragments of the diseased lung, and continued diluting and tritulating until a sufficiently safe attenuation was reached. It is the folly of injustice to assert that they had no results.

The example which best illustrates similarity, as before stated, is the relation that cowpox bears to smallpox. It has stood the test of a century and, although its brilliant triumphs are constantly before us, yet we never stop to ask if there may not be other curative similarities. Undoubtedly scores will be discovered during the coming century.

The two great exponents of laws of similarity enunciated their theories somewhat more than 100 years ago. He of England first announced vaccine; then that brainy physician of Germany, who, by declaring a general law of therapeutic similars, struck a sublime keynote; but his disciples carried the great thought no further, and their perpetual hammering upon the same old key became monotonous and deprived it of much possible usefulness, except its commercial value. Had they moved onward, as their master might have done had his life and vigor lasted, a splendid and harmonious system would have been evolved. But they became like those ancient physicians who refused to advance because to them their masters' teachings were the beginning and the end of the law, from which it were a crime to appeal.

Self-satisfied followers of the great prophet of cures by similars are dishonoring their noble founder by everlastingly mistaking shadows for substance, pinnacles for foundations,

potencies for principles. Too late will they awake from their idle dreaming to a realization of their frightful loss of opportunity, when the great physiological school, perfected by getting rid of fussy pomposities, narrow minds, belittling prejudices and a great deal of materialism, will wrest the neglected foundation law of therapeutics and follow with eager and untiring eye each drug through every tissue of the body, and note with microscopic precision the behavior of organs, vessels and nerves, and their cells and fluids while under the primary and secondary action of each and every medicament, until the most beautiful therapeutic harmonies are developed.

Then the eternal curative principle of "like by like," thoroughly understood, intelligently handled and thereby indorsed with vigor and renewed life, will scatter undreamed of blessings with lavish hand.

It is well to remember that prophecies of future therapies are necessarily inspired by the past. Countless facts, long considered worthless, and innumerable theories supposed to be exploded, will reappear, to be more honored than they were of old.

Even the fanciful doctrine of signatures may again find entrance to intelligent minds.

Its visionary ideas might have been the earliest dawn of therapeutic faith and reason in the savage mind. He believed that the Great Spirit, knowing his needs, had pictured every organ and condition upon plants, so that he might find all needed remedies for his ills. For ages thousands have clung to this strange belief. Many herbs by nature stamped with fancied resemblances to organs and fluids of the body, inflamed surfaces and excrescences, have descended from ancient days and are still employed with an abiding faith in their virtues.

As medical men, we have much reason to dread our future, for if the threatening social problems find no prompt solution there will be but two classes of maladies to attend—ills born of luxury and lust, fostered by the selfish control of vast

wealth on the one hand, while on the other the Government will be compelled to hire armies of medical men to care for those suffering from sickness engendered by the extreme privation among the ever-increasing legions of the poor.

Shadows from the coming law of antagonism have already fallen upon our therapeutic pathway; within a few decades the substance of those shadows will appear and multiply many fold.

The antagonism of some diseases to others to which they bear no resemblance has been observed and a sufficient number of cures have been effected thereby to warrant belief that there are antagonistic conditions which may be applied with possible benefit in some apparently incurable maladies.

Can we find them?

In pursuing this mystery, before other lights are thrown upon the meaning of these singular manifestations we must depend in a great measure upon accidental cases and the observations of enlightened empiricism. It will always be more difficult to find antagonisms while there is a strong probability of our securing abundant curative similitudes.

The coming era may necessitate a division of the profession into two distinct specialties—medicine and surgery, and their many divisions.

Practitioners of neither branch will be permitted to enter the domain of the other, except on rare occasions and for important reasons, dependent upon locality, necessity, etc., or when they have been specially prepared by long and exacting courses of study in both departments, to be so stated on separate diplomas.

Not finding it necessary to practice inefficient surgery in order to hold patients who might otherwise be attracted by another's brilliant operations, then those who by talents and education are best adapted to medical work may devote all their time, intelligence and energy to intricate medical problems alone, until, every sense being delicately and perfectly cultivated, they can discern and develop the finer shades of

therapy. Then with rapid strides her triumphs will soon bring medicine abreast of surgery's proudest record.

Being so often made conscious of that invincible and increasing prejudice which the bitter lessons of centuries of appalling blunders does not overcome, it is too much for flesh and blood to avoid such digressions as are found in this paper, which are intended as pleadings for justice, if not generosity, in considering heretofore despised theories.

Physicians have already kindly sent me a few interesting cases bearing upon the three laws herein stated, but, as it will be important to offer more on closing this series of papers, I hope to hear from others who have observed evidences of relief or cure during the concurrence of two similar or dissimilar diseases.

After concluding several articles on the application of the laws of identity, similarity and antagonism to general practice, and also an account of isolated ideas and strange procedures of peculiar medical men, I hope to be able to record a number of examples differing from those here given; also suggestions regarding the production of antagonistic conditions, which could not be included in the present article on account of being unable to complete experiments begun and in view. Some years ago a physician in this country and one in Europe thought they had observed a modifying influence upon some tubercular diseases by articular rheumatism, having watched a series of cases which seemed to sanction this belief. They attempted to produce articular rheumatism in cases of pulmonary consumption by injections of serum from the vicinity of joints involved, and flattered themselves that they had obtained satisfactory results.

I recalled several cases, one of a young lady who came under my care many years ago. Her physician, considering the patient incurable, had willingly resigned treatment. A short time after assuming charge a painful swelling of one of her knees developed, which soon declared its rheumatic character. From its first appearance her cough and

expectoration slowly diminished and within two months there was marked improvement in her general health as well as local symptoms. The patient finally fully recovered and has remained well. Several similar cases were attended with like improvement.

Another patient had profuse pulmonary hemorrhages, after one of which a sharp rheumatic attack followed, and upon recovery he remained fairly well for some years. During my attendance a painful fistula had developed. He having been told of several persons who had rapidly succumbed to their pulmonary disease after curative operations for that condition, palliative treatment only was permitted for the fistula. He has remained in comfortable health for some years, his fistula giving him but little annoyance.

Several explanations have been given to account for the remarkable relief in such cases, some persons doubting the character of the pulmonary trouble.

After a succession of similarly-relieved cases had begun to gratify hope another patient came to me in whom a severe attack of rheumatism had already appeared. She had a delicate "pink and white complexion" and was one of a family of 17 children, the majority of whom had died of tubercular disease. I rejoiced on account of the rheumatic complication.

She soon left for Europe and upon her return passed the summer at the seashore, where she died. Although hers was not articular rheumatism, which was the only form supposed to be of curative value, yet my faith was shaken.

In the future the great advance in chemical and microscopical work may enable us to determine the antagonistic character of certain microbes or of the fluids in which they exist and their proper application in such diseases.

This unsatisfactory record is made hoping that others may be sufficiently interested to verify or dispute results.

I now turn to a more fruitful although little cultivated field, still

uncertain as to its exact sphere.

To several serious afflictions, erysipelas is an antagonist of no mean power, having proved decidedly beneficial in several maladies commonly considered incurable or nearly so. All know of its therapeutic value in at least one form of sarcoma, so it is unnecessary to do more than repeat Dr. W. B. Coley's opinion, to whom so much is due for calling attention to its curative value. He says of his toxin treatment of malignant growths that "the melanotic variety is scarcely at all effected, ground-celled sarcoma, especially of bony origin, seldom yields good results: the spindle-celled variety gives by far the best results."

In eight out of 15 cases treated the tumor entirely disappeared and all the remainder showed marked improvement.

* * * * *

"The results in carcinoma have been generally unsatisfactory." I shall return to this subject when taking up viper and insect poisons.

But sarcoma is not the only malady where the toxin of erysipelas has been helpful, for several other extremely obstinate affections have yielded to its benign influence. An extensive knowledge of its value has been seriously interfered with by antiseptic surgery, which forbids the entrance of erysipelas into wounds as of old. Had the older physicians and surgeons been as watchful for such results we might have a long list of the therapeutic action of certain diseases.

Dr. S. Henry Dessau had in his hospital service many years ago a case of chronic arthritis. Gangrene necessitated amputation of a toe. Erysipelas supervened. Upon recovery from the effects of the operation and erysipelas, the rigid knees improved rapidly and the patient was delighted to find that he could walk with ease.

The records of its cures in chronic arthritis have been frequent enough to justify a belief that erysipelas will in the future be considered and applied in apparently incurable cases. I certainly would not hesitate to inoculate myself with erysipelas if permanently crippled by

arthritis.

In locomotor ataxia there is record of at least one rapid and positive cure by an attack of erysipelas. As some of these cases are supposed to be of specific origin it has been suggested to consider erysipelas in treating some serious forms of syphilis.

The possible curative value of hospital gangrene and several similar diseases in carcinoma will be referred to later. Also other antagonistic diseases which have but slight verification.

When we are able to discover a clue and look intently for such antagonistic diseases we will be amazed that their principle of action had remained so long hidden.

Scarlet fever and smallpox have appeared simultaneously in the same individual without either being apparently modified, but when scarlet fever and measles are present simultaneously it is asserted that both are markedly diminished in virulence. There are doubtless many such opposing and neutralizing forces in diseases which bear no visible likeness to each other which the future may reveal. A consideration of a possible means of discovering and also producing antagonisms by the use of venomous reptiles and insects and poisonous plants I

am obliged to defer to a later paper.

For some time a distinguished scientist has been making a series of delicate investigations as to the action of minute amounts of various drugs upon the lower orders of animal life which promise to be interesting and instructive, but, not being completed, they cannot now be given. These experiments may determine some valuable therapeutic ideas. I do not doubt but that the three laws here mentioned will occupy a high place in future therapy.

If physicians are true to themselves, to each other and to their noble profession, our medical future will be an assured blessing.

The old but seaworthy ship of medicine, covered with barnacles, drifting for ages upon the high seas, often with no other chart, compass or rudder than pure empiricism, has withstood the tempests of centuries.

Equipped with true laws of therapy for rudder, chart and compass, and manned by just and willing minds, then with the barnacles of prejudice, professional jealousy and ignorance scraped from her hull, she will smoothly glide over fairer seas than she ever sailed before.

The next paper will treat of the probable future of general therapeutics.



NOTES ON SOME OF THE CLINICAL FEATURES OF TUMORS,
THEIR ANATOMICAL CHARACTERS, MORPHOLOGICAL ELE-
MENTS AND THEIR THERAPY, BY TENTATIVE, CONSTITU-
TIONAL OR RADICAL MEASURES.

BY THOMAS H. MANLEY, M. D.
NEW YORK.

VISCERAL TUMORS.
(Continued.)

VISCERAL TUMORS OR VISCERAL
ECTOPIA, ABDOMINAL, EX-
TRINSIC.

A few notes having been present-
ed in the last issue on visceral es-
cape from the greater and lesser
pelvis extra-peritoneal, or those tend-
ing to fall out of the abdominal cav-
ity. We will now briefly consider a
few features of those visceral tu-
mors which, so to speak, fall into
the cavity of the peritoneum.

As is well known, some of the
organs in the abdomen are entirely
extra-peritoneal; none, not one, is
wholly intra-peritoneal, though sev-
eral are partly.

The former chiefly come under our
consideration in our present study.
Visceral ectopia of this description
constitutes a class of lesions of great
anatomical interest and clinical im-
portance. They are comparatively
uncommon in the male, though com-
paratively frequent in the female.

They may in many instances be
a source of no inconvenience what-
ever, while in others they periodical-
ly occasion painful sensations.

They chiefly belong to two classes:

First. Those depending on congen-
ital defect.

Second. Those depending on path-
ologic changes.

Thus we may find in the first the
anatomical leverage or support of
the kidney on one side, such as to
permit an abnormal mobility of the

organ, the infantile adjustment and
proportional volume of the right
lobe of the liver may remain, the
position of the duo-denum and its
cellular investment may permit of
marked deviation in the position of
the stomach, the transverse colon or
the pancreas. A long meso-cecum
permits motion of the caput-coli and
the appendix in every direction, up,
under the liver or stomach, down
into the pelvis or over across the
median line, to the left side.

An elongated meso-sigmoid has
permitted the colic flexure, on dis-
tension, to rise up into the epigas-
trium or sway over to either side of
the abdomen.

In fact, congenital assymetry in
development and growth, with de-
viation in position of the organs, is
so common in the cavity of the abdo-
men as to occasion no surprise to
those made familiar with them, in
post-mortem or operative work.

Pathologic changes, succeeding
often physiologic conditions, are
most potent influences in the evolu-
tion of abdominal, visceral ectopia,
in favoring not only the wandering
kidney, the nomadic ovary and the
vascular spleen, but every organ
within the abdomen.

Pregnancy, the abnormal fetal
proportions, in under-exercised and
overfed women, sometimes works
havoc with the anterior lateral
abdominal investments.

It is most extraordinary to note in some instances the destructive and permanent atrophy which the uterine tumor will produce before delivery in certain women. Two such cases came into my service since January, 1897. One, the patient of Dr. W. Kidd, of Brooklyn, and one from Dr. Wolfstein, of New York. Both were young, vigorous women, one the mother of three and the other of two children. They stated that there had been nothing noteworthy in their labors. Each had an excellent physical development, but, there they were, with their bellies hanging down to their knees when they were not strongly braced.

On examination in both instances remarkable polyatrophic changes were noted in the abdominal walls.

The atrophic zone began above, running in a transverse line across the abdomen about four inches above the umbilicus.

The skin was puckered, wrinkled and wasted, had a dry surface and a crispy feel. The glandular layer was quite totally destroyed and the cutis-vera greatly attenuated. The layer of fat had disappeared, and as for muscular tissue, there was none left except the costal origins of the external oblique.

The slack and wasted abdominal walls could be gathered up in the hand over any of the lower abdominal areas. With the greatest ease the coils of the intestine could be seized between the finger and thumb and the peristaltic wave felt. In both women not only were the solid and hollow organs of the abdomen readily distinguished by manipulation, but, besides, every one of them was found more or less displaced. The kidneys moved about in every

direction. In one the liver had moved down nearly as far as the pubes.

With one who had pain in the back early after she noticed she had become "pot-bellied," the extent of visceral ectopia was less accentuated. These two cases illustrate in an exaggerated degree, a type of visceral ectopia, always consecutive to general atrophy of the abdominal muscles.

The organs became displaced in obedience to well-known laws in physics; support being lost they descend in the direction of the least resistance.

This is an unfortunate state of things for the young mother, for I am aware of no remedy for it, none which will restore the damaged muscular structures. However, a comfortably adjusted strong girder will not only give great support, but also prevent progressive atrophy and further visceral displacement.

Is this muscular atrophy dependent on pressure of the uterine tumor or violence of the parturient effort?

Evidently the former. Some years ago I was permitted to perform an autopsy on a woman who had an ovarian tumor for 30 years. One of the most interesting features present was the state of the abdominal muscles, which had totally disappeared, not a vestige remaining, the weakened, collapsed walls of the abdomen being only supported by a weakened, wasted aponeurosis and integument. In this connection may it not be interesting to ask, might not this accident be obviated by proper prophylaxis, the binder-shoulder support or some mechanically adjusted brace?

<p>COCAINE C.P. ANHYDROUS CRYSTALS. STANDARD OF PURITY THE WORLD OVER.</p>		<p>MURIATE BOEHRINGER-B.&S. DISPENSED BY ALL DRUGGISTS</p>
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INCREASE OF INSANITY AND CONSUMPTION AMONG THE NEGRO POPULATION OF THE SOUTH SINCE THE WAR.

ABSTRACT OF A PAPER BY THOMAS J. MAYS, A. M., M. D.

Professor of Diseases of the Chest in the Philadelphia Polyclinic, and Visiting Physician to the Rush Hospital for Consumptives in Philadelphia.

Statistics gathered from the superintendents of Southern hospitals for the insane show that both insanity and pulmonary consumption increased disproportionately among the negroes of that section of our country since the close of the civil war. Thus, according to the United States census, there were in 1860 only 44 insane negroes in the State of Georgia; in 1870 there were 129; in 1880, 411, and in 1890, 910. In North Carolina there were in 1880 91 colored insane; in 1885, 144; in 1890, 244; in 1895, 307, and in 1896, 370. In Virginia before 1865 there were about 60 insane negroes in the asylums of that State, and now there are over 1000. In the Eastern Hospital for the Colored Insane, in North Carolina, consumption caused 14 per cent. of the total number of deaths in 1884, while in 1895 it produced 27 per cent. of all the deaths, and this in spite of a reduced general mortality rate. In the Mississippi Lunatic Asylum from 1892 to 1896 consumption caused 42 per cent. of the total number of deaths among negroes, or an increase of 22 per cent. over the death rate from this disease among the white population outside of hospitals for the insane (it being of course well known that insanity predisposes to phthisis), if the latter is estimated at 20 per cent. In the Alabama Insane Hospital during three years and nine months beginning October 1, 1890, there occurred 295 deaths among 1700 white and negro patients. Of the 179 deaths among the white patients, 28 per cent. were due to tuberculosis, and of the 116 deaths among the negroes, 42 per cent. were due to the same disease.

(Read before the Section of Neurology and Medical Jurisprudence of the American Medical Association, June 3, 1897.)

From this and other evidence which is presented it is concluded that both of these diseases have disproportionately increased since the war, and that in all probability the causes which led to one also led to the other disease. The writer holds that the cause of phthisis resides in a disintegrated nervous system, and cites a number of concurrent authorities, as well as clinical and pathological data, to prove his position, and, among other conclusions, he draws the following: That both consumption and insanity are closely allied, both in personal and in family history, to idiocy, hysteria, epilepsy, asthma and to other diseases of the brain and spinal cord; that they are both produced by syphilis, alcohol, overwork, business vicissitudes, domestic trouble, mental anxiety, grief, disappointment and excesses of all sorts—in fact, by any agent or influence which vitiates the brain or nervous system, and that those who are confronted by a new and higher civilization and who are compelled to adjust themselves to these new relations are excessively liable to fall victims to insanity and pulmonary phthisis.

The condition of the negro is viewed from these premises. Civilization is regarded as an accumulation of force, and the older the civilization the greater its momentum and the higher its plane, and when a lower civilization is precipitated in the midst of a higher, like in the case of the negro, it is the throwing together of two forces which differ in power and in rate of motion. The lower, in order to preserve itself, must make an effort to adjust itself to the course and changes of the higher movement, and the strain

which is occasioned by this effort of adaptation falls on and vitiates the brain and nervous system, and this in turn gives rise to insanity and phthisis. The vices of alcoholism and syphilis, which are readily acquired by these people, accelerate the advent of these diseases by destroying the integrity of the brain and nervous system.

Viewing the condition of the Southern negro from these stand-points it is perfectly obvious why insanity should necessarily develop and on no other grounds can we explain why consumption should fol-

low in the wake of insanity. Those who were able to realize all the factors which would be called into activity by the environmental change of the negro after the war could, at the time it was made, have foretold the inevitable results which are now but too plain to everyone. It is in part a repetition of what happened, and now happens, to the aborigines of North America, Australia and New Zealand, who in their unequal warfare with modern civilization have been and are being fast decimated and exterminated by pulmonary phthisis.

MEDICAL NEWSPAPERS THE NEED OF THE HOUR.

BY JOSEPH R. CLAUSEN, A. M., M. D.

Read before the American Medical Publishers' Association, May 31, 1897.

The editor of the *Squashtown Lancet* sits in his sanctum hard at work. It is his busy day. On the table in front of him are the implements of his profession, the paste pot and shears well to the front. About him on every side, littering up the table, floor and chairs, lay his exchanges in various stages of mutilation. One he holds in his hand and is deeply absorbed in its contents. As he reads he occasionally makes notes on a sheet of paper at his side. The article seems to demand the most intense concentration of his gigantic intellect, for since he began to read he has not turned the page, but has read and reread its contents, making fresh notes at each reading. Doubtless some great medical light has left the impress of his master mind on this particular page and the editor, coatless and with brow beaded by the sweat of mental effort is endeavoring to follow him into the deeper depths of his argument. We begin to discern his purpose. The subject is to be the text of his leader in the next issue of *The Lancet*, and he is thus laboriously preparing himself to treat the matter intelligently. Our interest is aroused. We will look over his shoulder and note his method of preparation. Watch him ar-

ticulate the skeleton, so to speak, of an article that is to throw new light on the important subject he has under consideration—an article that will, perhaps, give impetus to a movement that will bring to a suffering humanity untold blessings. As these thoughts take shape we approach his chair with something akin to reverence. A writer to healers of men. How noble his constituency! How more noble his calling!

What! Can we believe the evidence of our own eyes? The article that has engaged his attention for so long a time is a page advertisement of Dr. Plausible's Artificial Blood Corpuscles, and the notes he has made are simply jottings of the claims set forth in the "ad."

Before we have recovered from our surprise the editor has begun to turn the pages in his hand. Carefully he scans each column in evident search of something. Ah! he has found it! It is a four-column article in leaded nonpareil, and is headed, "New Life for the Dying," the sub-lines reading, "Dr. Plausible's Great Discovery is Destined to Effect a Revolution in the Treatment of Disease." Carefully, very carefully, he reads the article, and then as carefully he cuts it out, pastes it on a virgin sheet of paper and is soon busily engaged in writing a new introduction and in changing the phraseology of the printed slip where, by so doing, he can strength-

en the indorsement. Finally, paragraph after paragraph is added until another column adds its length to the original article. Then it is dispatched to the printer with instructions to return proof as soon as possible, and the editor writes a letter to the Up-to-Date Chemical Company, whose name appears at the bottom of the "ad.," offering to insert it in the next number of *The Lancet*, with notice inclosed, for the sum of \$11.25.

Other adds are clipped and the same routine gone through with, until a goodly mail has been disposed of and then the editor lights a fresh cigar with the air of one who feels that the most arduous part of his duties had been performed.

At this juncture his assistant enters to say that he has received a really excellent article on the treatment of the prevailing fever, the only objection to which is that the writer has expressed himself so plainly that any child could read and understand it, therefore the tone of the article was not "elevated" enough to appear unedited in the columns of *The Lancet*.

With instructions to "throw in a few high-sounding technical terms and to substitute for the clearer passages others more obscure," the assistant is about to retire, when he hesitates and with considerable trepidation suggests that he be allowed to report an important clinic to be held that afternoon, urging that the result of his labors will be of great value to their readers and the profession at large. The permission is promptly refused and he is told instead to employ his time in "hunting up" about two galleys of good, catchy "miscellany," "something spicy, you know," to fill out the issue.

With evident annoyance at having been interrupted the editor turns to a pile of mail in front of him. The first is a letter from Dr. Alltheory, who requests the publication of the article enclosed. The enclosure is quickly taken out, glanced over to determine its size only, marked with the legend, "Minion, double lead," and is set aside for the printer. Another communication on the latest

medical fad is in like manner disposed of, and another from a pet specialist, ventilating a theory as obscure as it certainly is impracticable, goes unedited to the copy file.

Next he writes a letter to Professor Highup, regretting that the press of editorial duties will prevent his being present to witness and take notes of the important operation referred to in his note of the same date; writes a triple-leaded editorial on the growing circulation of *The Lancet*, and announces that so far as that issue of his paper is concerned his editorial labors are at an end, the look of gratified complacency that overspreads his face being doubtless due to the consciousness that not one element of "news" has found a place in that week's issue of *The Squashtown Lancet*.

Of course, brother publishers, this sketch is grossly exaggerated—purposely so, that the very coarseness of its lines may draw closer attention to evils that we all recognize, but are all too prone to overlook.

The need of a closer and more conscientious editing of our columns has already been discussed by this association. Attention, too, has been called to the tendency, all too prevalent, of allowing the pursuit of advertising patronage to color our editorial utterances. Verily the Bible assertion that "the love of money is the root of all evil" finds ample illustration in the conduct of some so-called medical journals. The lack of that editorial courage that should unhesitatingly denounce professional fads, irrespective of their authorship, has also been commented upon, as has the practice, not confined alone to medical papers, of expressing in stilted language truths that ought to be expressed in the plainest terms.

These matters still demand our attention, still call for some action, concerted or individual, looking to their correction, but the great need of the hour in medical journals is a better presentation of medical news—news of a local, national and international character.

The great journals of this country have banded themselves together into an association for the getting and

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conveying of news. Amply supported, it has its agents in every news centre the world over. A service that is usually augmented by the appointment of special correspondents in special centres or for special occasions. Again is this service supplemented by carefully selected local staffs, under the direction of a chief whose aim to preferment is his keen scent for news. In recognition of the fact that both time and space are valuable the news gathered from these various sources is sifted, edited, pruned of unnecessary "wordiness," and set forth in language that the "average fool" can understand.

While recognizing the fact that the formation of such an association by medical journals is scarcely practicable at this time, still much could be done through concerted action to secure a better news service, the benefits of which would accrue to all, while there is no reason why, locally, every journal represented here to-day should not be—A Newspaper.

Let us exclude from our columns all profitless discussion, all questionable theory, all puffery, and devote our energies to getting, and our columns to presenting, news—good, reliable, authentic, indorsable, helpful medical news.

It is knowledge that the world is thirsting for, and if news is not knowledge it is so closely akin to it that we become educators when we print it. We can do our readers no greater service than to keep them posted as to what others in the profession are doing. The precedent of success and the warning that lies in failure are invaluable to the physician, and we are most helpful to him when we enable him to benefit by both.

Brother publishers, our responsibilities are great, our opportunities are greater. To shirk the one is no more a sin than to fail to live up to the other.

If our journals are not newspapers then we fall short, far short, of the duties imposed upon us by our profession.

A divine authority has said that much will be expected of him to whom much is given. Our opportunities for good are great; let us then live up to them. Let "newspaper publishers" and "publishers of medical journals" become synonymous terms. In no other way can we do so much to elevate the medical press of this country.

AN EXCELLENT ASTRINGENT FOR NASAL CATARRH.

In cases of nasal catarrh characterized by a profuse secretion of irritating mucus much relief can frequently be afforded by the application of astringent remedies. Tannic acid would be a good astringent in this condition, if it were not so often irritating to the delicate nasal mucous membrane, provoking sneezing and other discomfort. The new astringent known as tannigen is, however, free from these disadvantages. It acts mildly, yet effectively, even when employed in its pure state. Dr. Walter A. Wells, of Washington, D. C. (Medical Bulletin, April, 1897), who has used it extensively in post-nasal catarrh, says: "Tannigen in all the cases in which it has been used proved highly beneficial in relieving

the engorged and oedematous state of the mucous membrane and in markedly influencing for the better the most distressing symptom, the abnormal secretion of mucus. It was employed by me both in solution and in powder form, always preceded by thorough cleansing of the post-nasal space by an antiseptic alkaline spray. As a solution, I used a 3 per cent. strength in 5 per cent. of phosphate of sodium. As an insufflation I recommend the following: Tannigen, 4 dr.; bismuth subcarb. 3 dr.; amyli., 2 dr." A combination of tannigen and europen was also used as insufflation after cauterization in the nose, with the result that reaction seemed to be of shorter duration, while in epistaxis the same application also had an excellent effect in controlling the hemorrhage.

Editorial

THE TIMES AND REGISTER is published Bi-weekly—Twenty-six issues a year.

All communications, reviews, etc., intended for the editor should be addressed to 367 ADAMS STREET, DORCHESTER, BOSTON, MASS.

THE TIMES AND REGISTER is published by The Medical Publishing Co., 718 Betz Building, Philadelphia, Pa., to whom all remittances should be made by bank check, or postal, or express money order.

Subscription price is \$2.00 a year in advance. Foreign countries, \$2.50. Single copies, 10 cents.

Advertising Rates may be had on application.

Original articles of practical utility and length are invited from the profession. Accepted manuscripts, will be paid for by a year's subscription to this journal and fifty extra copies of the issue in which such appears.

Reprints of Original Articles are not furnished except on payment of cost price by the author.

Entered at the Philadelphia Postoffice as second-class mail matter.

HEALTH BOARDS.

We quote with much pleasure the following from our able contemporary, and most heartily commend every line and paragraph to the thoughtful consideration of every member of the profession who places any value on his personal liberty and hates despotism:

HEALTH BOARDS AND THE MEDICAL PROFESSION.

The recent action of the New York City Board of Health, declaring tuberculosis an infectious disease, and requiring a report of the Board of all cases of phthisis, has both of the medical press and the justly received the condemnation majority of practicing physicians.

To any careful observer the attempt to quarantine these cases appears in the greatest degree absurd, while the practical physician will at once acknowledge that it is impracticable as well. While the Board may have one reason—danger of in-

fection—to justify such action, there are innumerable other medical facts, besides that of the infringement of personal liberty, which render the attempt of general isolation an ineffective and quixotic one. Even after deciding that a given case is one of phthisis, and one which is endangering the lives of others—both of which facts it might be difficult to demonstrate—the breaking up of a home and an attempt to quarantine in the absence of any facilities for insuring the comfort of the patient would be followed by disaster, as well as a prompt indictment of the over zealous Board.

In this, as well as in the case of other, and perhaps other slightly infectious diseases, it often happens that a Board of Health drafts rules and regulations which theoretically would at once drive all disease from off the face of the earth, but which unfortunately is found by the practicing physician to be impracticable and far in advance of the times.

It is important that health laws should be formulated by professional men who fully understand the needs

—New England Medical Monthly,
Wm. C. Wile, A. M., M. D., LL. D.,
Editor.

and requirements of physicians and their relations to the community. The profession will not submit to dictation in matters which so intimately concern their patients and

themselves, especially from those who are physicians only in name, and who originate laws which have never received the sanction or support of the medical profession.

ST. LOUIS GONE INTO THE DRUG BUSINESS.

The city of St. Louis has gone into the drug business. She has established a drug store where anyone may go, have his malady diagnosed, a prescription made and filled, at the expense of the tax-payers.

This is legalized robbery, defrauding both physician and druggist, depriving them of an opportunity to make a living. No patient should be received at a hospital or treated at a dispensary who cannot present a certificate from an outstanding physician to the effect that he or she is absolutely unable to pay for medicines or necessary medical attention. This would put the balance of power where it belongs—in the hands of the profession at large, and what is now an unmixed evil would become a benefit by eliminating undesirable patronage which is unable to compensate the doctor for his time and work.

But remember we want the power which abides with physicians as guardians of the public health to remain with the great body of the profession. There is safety in numbers. Let us have no imperial dictatorship in the shape of Health Boards.

—Med. Brief.

Yes, Brother Lawrence, St. Louis has gone into the drug business, and our profession is going to the dogs.

Legislate! legislate! go to the Legislature for the creation of those laws to regulate practice which no medical body will ratify, but the millennium is short-lived, and we have more and more legislation; for in come the oculist practitioners, the toe-nail doctors, and, finally, Illinois, close on the heels of its bill "to regulate the practice of medicine," has admitted the "Osteopaths" into all the rights and privileges of full-fledged, educated physicians.

No law can prevent a physician or anyone else from giving his services to whomsoever he pleases.

New York City practitioners, realizing that their very existence is threatened by the hospital and dispensary plague, have organized what is known as the Medical League, and already, within a few months, the reforms instituted by it have had a most salutary effect.

There should be a branch organization of it in every city in this country.

A RETIRED POLITICIAN RECEIVES \$700 PER YEAR PENSION, WHILE THE EX-REGISTRAR OF VITAL STATISTICS, DR. JOHN S. NAGLE, OF NEW YORK, RECEIVES THE LARGE SUM OF \$600. A PROTEST.

The Board of Health of the city of New York has a large number of subordinates who are physicians, and there is a pension fund in the department. This fund is awarded to the prejudice of physicians employed in it by the president, who is not a physician; an instance is that of Dr.

Nagle, who retired about two years ago as Register of Records. Dr. Nagle applied to be retired at \$1200; but was retired on \$600—a sum less than the amount a patrolman of police receives, and this amount was the sum fixed by the non-medical president of the Board of Health.

It was promised, however, by the members of the Board of Health that as soon as the fund became larger that the amount would be increased. It is now nearly two years ago since this promise was made, and the Board placed \$23,276.30 into the pension fund during the year 1896, and had \$43,046.24 in the pension fund at the end of the year 1896, while the total amount awarded for pensions during the year 1896 was \$1095. There was therefore left in the pension fund of the Health Department at the end of the year 1896 the sum of \$41,951.24.

It is needless to say that Dr. Nagle called their attention to the promise made him, but the Board of Health declined to act.

Dr. Nagle spent the best years of

his life in the Board of Health, having entered its service as assistant inspector, was promoted to the position of inspector, deputy register of records and register of records, and at the time of his retirement was more than 26 years in the service of the Board of Health.

Dr. Nagle also served in the late civil war as a medical officer, and the War Department sent a communication to the president recognizing his services in battle, and stated that it was inclined to award him a medal of honor for them.

Dr. Nagle is a member of the County Medical Association, the New York Academy of Medicine, the New York Medico-Surgical Society and the New York County Medical Society.

ORGANIZE.

Physicians at large must organize to resist the encroaching power of the Health Boards. The tendency of supervisory organizations is always to over-management and meddlesome interference. The Health Boards have spread so much uneasiness among the people that they are ready to be coerced into almost any legislation which the Boards may dictate.

This legislation will take the form of an abundance of red tape, which will so tie up the great body of the profession that its independence and dignity will be forever lost. Without liberty individual development and progress will receive a final check. The spectacle of members of

the greatest of all professions living by Health Board schedules and not daring to use their natural faculties is a sorry one to contemplate.

—Med. Brief.

Yes, let us organize or disorganize! Stand as one man against the audacious encroachments of modern Health Boards and any other species of tyrannical encroachments on our rights by organized medical corporations.

Or else let us disorganize and denounce those medical organizations which are fully cognizant of the wholesale demoralization of the profession now well under way, and yet view it complacently, tolerate and, alas! sometimes encourage it.





HYPERSENSITIVENESS OF THE VAGINAL MUCOUS MEMBRANE.

A large number of the ordinary cases who visit the office of the medical gynecologist are found to be sensitive to a first examination. From a variety of causes the mucous membrane may be in a state of genuine hyperesthesia, or the neurotic state of the patient and the fear that she is about to be "hurt" may make a digital examination exceedingly disagreeable to both physician and patient.

It sometimes happens that a physician who ignores sentiment in the matter loses a patient, for some women dread a rough manipulation more than they fear the average pelvic disease. From the history of the case and the general observation it will readily be seen whether or not there exists an actual necessity for a complete examination and diagnosis before any attempt at treatment is made. In ninety-nine cases out of a hundred the office patient does not stand in need of a digital or bi-manual examination at the first visit if there is either a sensitive condition of the mucous membrane or a neurotic state to oppose it.

It is in the management of the early treatment of this class of cases that the practical resources of a high tension induction coil apparatus becomes an indispensable part of the physician's equipment. By so simple a remedy as vaginal bi-polar faradic sedation from the exquisitely smooth, painless, soft and agreeable current from the author's coil apparatus (made by the J. Kidder Manufacturing Co., N. Y.) the physician is able to accomplish two steps of preparatory treatment at once. If the intolerance to digital

touch is merely emotional or hysterical, the sedative application will entirely compose the nervous fears of the patient. It is a general sedative tonic remedy which calms the entire system.

If the hyperesthesia is due to congestion, vaginitis, excoriating discharges, or any grade of simple inflammation of any of the pelvic tissues, the bi-polar application is the best possible treatment that can be given, and no examination will add to the benefit of the patient until the acute irritability is allayed.

So large a number of patients require one, two or more of these preliminary sedative administrations to remove temporary impediments to other local treatment that the improved coil apparatus, which is by no means expensive, would be indispensable on this account alone; but it also possesses all the qualifications which cover the entire range of therapeutic action of both the types of current which are called "faradic" and "sinusoidal." The common faradic battery, even though it is supposed to be a very fine affair, and may often cost fully two-thirds as much as a proper apparatus, is limited in its usefulness to external applications and the more gross forms of nerve and muscle effects. It cannot enter the finer field of therapeutic action in which the scientific electro-therapist does his most satisfactory work, while on the other hand the high efficiency battery is not limited in its scope of action to any one branch of practice, but performs all the work of induction coil currents of every variety—"The greater includes

the less."

In employing the bi-polar electrode it is necessary to understand the correct regulation of the dose and how to maintain the electrode in proper position within the vaginal cavity. Knowledge on these two points is essential, but there are no exacting demands for operative skill.

Simply warm the electrode to about blood heat, lubricate the tip with a little plain vaseline, and it can be gently inserted with satisfactory comfort into the most sensitive mucous tissues, even when they are acutely inflamed. It can be completely inserted deep into the cul-de-sac when the tip of the finger cannot be passed through the vulva without causing the patient to exclaim and protest. Always connect the positive pole with the internal half of the electrode (the tip), and connect the outer half with the negative. There is no variation from this rule in the use of the vaginal bi-polar faradic electrode.

In regulating the dose through any of the secondary coils of the apparatus do not make the mistake of directing the electrode so that it affects the muscles of the legs and causes them to contract or sends a tingling sensation even to the very toes. In this case not only will the current be deflected from its proper sphere of action, but it will be impossible to employ a current strength which will successfully treat the pelvic tissues. A little knack in maintaining the electrode in the cavity in a proper relation to the parts so as to avoid contracting the muscles of the leg is the most elementary part of the method, and each operator must practice it a few times. Anyone who can successfully insert a speculum or a tampon can master all the difficulties of one of the most valuable methods at the command of the general practitioner.

AN INEXPENSIVE ELECTRODE FOR INTRA-UTERINE MEDIUM GALVANIC CURRENTS.

In the treatment of endometritis with profuse discharges or excessive menstruation and other conditions which require the positive pole and

a non-attackable electrode within the uterus the expensive platinum electrode is only necessary when very large doses are employed. The greater part of "positive" intra-uterine treatment employs a dosage below 75 mil. A platinum electrode is rigid and if sufficiently large to make contact with the entire canal in cases with a deep cavity the electrode not only becomes expensive, but several sizes would be required.

A practical substitute for platinum for moderate currents is pure tin. One of the most useful intra-uterine electrodes for all simple positive currents without metallic electrolysis is made with a hard rubber staff nine inches long. Upon the end of this is secured a uterine sound five inches long, and as they are inexpensive, several of these, covering the range of medium sizes, may be ordered, and any one of them used with the same handle. The tin is not attacked by any ordinary current strength and possesses the great advantage of being somewhat flexible. It may be carefully bent to suit the direction of the canal.

Over the hard rubber handle is a close-fitting soft rubber sheath, which can be slipped forward over any part of the metallic surface, thus enabling the operator to conform the electrode to the depth of any cavity from five inches down to normal. The metallic part of the electrode need not be limited to five inches, but can be made of any length to fit an extraordinary case. These electrodes may be procured from the J. Kidder Manufacturing Co., New York City. Those who have a single platinum electrode may supplement it to good advantage by two or three sounds of pure tin such as are described above.

THE FARADIC TREATMENT OF UTERINE FIBROMATA.

Veyrier recommends faradism in the treatment of fibroids in preference to Apostoli's galvanic method. Faradisation of the uterus was originally introduced by Tripier, and is particularly indicated in the following conditions: 1. Inaccessibility of the cervix; (2) when pain is the pre-

dominant symptom; (3) when it is desired to induce the "delivery" of a pedunculated submucous fibroid. Its advantage in the first case is that it is effectual without the electrode requiring to enter the cavity of the uterus. The anodyne action of faradism is well known, and it has often been found to hasten the expulsion of the uterine contents when ergot has failed. The intensity of current to be used depends upon the sensibility of the patient; it is pushed to a point beyond which further increase would cause too much pain. The author uses an indifferent electrode of nicked copper, covered with a thick layer of gauze, which rests upon the abdomen; the active elec-

trode is passed through a glass Fergusson's speculum, and rests upon a wad of moist wool at its upper end, reaching to the cervix. The bipolar instrument, used by Apostoli for galvanism, is also of great service. The active pole may be introduced into the uterus if possible. The strength of current should never be sufficient to produce any chemical effect. The sittings are not to be prolonged beyond a quarter of an hour, and the patient is recommended to remain recumbent for the rest of the day, lest the sedative effect of the treatment lead to imprudent exertion. The author quotes nineteen cases, three of which are original, illustrating the value of the method

—Arch. d'Elect. Medicale, No. 46.

Clinical Medicine.

In charge of DR. J. J. MORRISSEY.

URIC ACID AS A FACTOR IN ASTHMA AND EPILEPSY.

The dietetic treatment of asthma to the exclusion of therapeutic remedies, with the single exception of strychnine, followed out in my service at the West Side Dispensary, has produced the happiest effects. I have tried, as far as possible, to follow out the ideas outlined in the several publications of Haig, of London, namely to reduce the amount of uric acid in the blood and thus remove one of the leading factors in the causation of asthma and allied diseases. Two cases in particular stand out distinctly in my mind, one a man of 64, whose attacks became so frequent and troublesome that he was obliged to give up entirely the limited amount of light labor performed in the Park department. I entirely changed the character of his diet and placed him upon a limited amount of meat, which I gradually reduced, with cereals and milk.

Therapeutically he was given 1-40 gr. strychnine three times a day. In the course of two days he returned to have the medicine renewed and assured me that he had not felt so well in a number of weeks and eagerly desired to know if he could return to work. I made him postpone the latter for two weeks. In the meantime he improved rapidly. I stopped the strychnine, and he assures me that so long as he confines himself to the diet outlined for him he feels perfectly comfortable, but if he at all transgresses the bounds of moderation as to quality and quantity he soon has reason to deplore his negligence.

The second case is that of a boy 16, who has been afflicted for the past four years. He is a very hearty eater and finds it well-nigh impossible to restrain his appetite between meals. He has been under the care of a number of physicians, one of whom, an eminent representative of the profession, sent

him to the seaside, whence his parents had to remove him some three weeks afterward, his asthmatic attacks in the meantime having become much aggravated, and his general condition much worse than before he undertook the journey. I placed him also upon a restricted diet, urging upon his parents the necessity of following out my directions to the letter, and administered strychnine. The transformation in this case was also wonderful, the boy rapidly improving, and from being morose and careless in his demeanor has developed into a quick and intelligent youth, who realizes that he possesses the power of controlling his formerly deplorable attacks.

Too much attention in the past has been given to drugs to the exclusion of more rational measures, and it is time that we awoke to the realization of the curative and conservative influence of nature when aided and abetted by an intelligent appreciation of her resources. We are apt to treat the disease and not the patient, but when we once awake to the fact that each individual is a law unto himself in whose system disease variations and modifications are being constantly found and which should form the basis of close study and observation, irrespective of the general character of the attack, we will devote less attention to drugs and more to the patient.

To demonstrate the excellent effect of a suitable dietary in a different yet somewhat kindred disease, I wish to cite the following case: I have a patient, female, 20 years of age, who has been for the past five years an excessive sufferer from epilepsy. The attacks have been of the grand mal type and so prolonged in character and accompanied with such pronounced muscular weakness that for days at a time she has been unable to attend to the duties of a very responsible position in a large dry goods establishment. She had been under treatment by various physicians without decided amelioration of her symptoms, and as a last resort has been taking a well-known patent remedy.

She has a voracious—that is the only word that will best express its

character—appetite, and, strange to be told, none of the physicians had thought it worth while to advise her to modify the quantity and quality of the food she was taking. She was finally persuaded to place herself under the writer's care, and I at once insisted on curtailing the large amount of meat and vegetables in which she indulged, for if modern experimental physiology has proven anything it is that the inordinate quantity of uric acid generated by a free indulgence in diet of a mixed character will provoke a condition of high arterial tension, and this in turn reacts unfavorably upon the hyper-aesthetic condition which is at all times latent in the epileptic's system, demanding but the slightest stimulation to produce an extraordinary explosion of nervous force. I do not mean to say that uric acid per se is the causative factor in the production of epilepsy, but there can be no question as to its abnormal production being one of the prime causes in superinducing an attack.

Haig, whose experimental researches in this direction have thrown a flood of light upon the causes of asthma, epilepsy and diseases of a kindred character, has demonstrated that where there is an over-supply of uric acid the attacks are more frequent, by producing modifications in the patient's system which make him more susceptible to the disease and, though it may be claimed that there is no analogy between asthma and epilepsy, still both have a common basis in the nervous system, and their production seems to depend upon an exaltation of abnormally diffused nervous force and tension. To return to our patient, she demurred very much to the enforced limitations of the diet, but when she found that living up to the requirements of the regulations outlined had a marked influence upon the attacks, and that when she indulged her propensity for over-eating she invariably experienced an intensification and increase of the attacks, she finally desisted. Now for over two months she has had but one attack of grand mal, and this following an excessive indulgence in strawber-

ries, has conclusively proven to her satisfaction that, as the old nursery rhyme has it, "she must and will obey." She has had several slight attacks from which she could be easily aroused, the period of unconsciousness being extremely brief and unaccompanied by frothy expectoration.

The point upon which I wish to lay particular stress is that the reduction of the amount of irritating material in the blood has had such a marked influence in modifying and lengthening the intervals of the attacks. As Haig has so well pointed out, the required alteration of the diet in asthma—and the same is applicable to epilepsy—is governed by very simple rules, which can be grasped by anyone in a few moments of thought. We have to eliminate from "ordinary diet" all articles that contain either uric acid or xanthin compounds that can be converted into it, and we have thus to cut off all animal foods except milk and cheese; but, on the other hand, we must provide nitrogen enough to keep the urea constantly about three and one-half grains per pound of body weight per day, and we should therefore replace the animal foods by other food containing albumens. Now, this can be done chiefly from three sources, (1) milk and cheese, (2) pulses, as lentils, peas, beans, etc., etc.; (3) cereal foods, as wheat, barley, oats and preparations made from them. Most asthmatic and epi-

leptic patients will strenuously object to the deprivation of meat, as no nutriment produces a higher sensation of *bien etre*, and physiological explanations will by no means satisfy them as to the justness of the procedure. But when they thoroughly recognize the fact, as they soon will, that an indiscriminate allowance of meat will be followed by renewed attacks, they are soon brought under control and rendered amenable to judicious advice.

When we consider the fact that meat contains about 25 per cent. of albuminates, while the pulses contain 22 per cent., cheese 33 per cent., the cereals from 8 per cent. as bread to 12 per cent. as oat meal, and milk from 3 to 4 per cent., there can be no difficulty in replacing one class of foods by its equivalent in the other, so that urea, nutrition and strength shall remain unaltered.

If uric acid acts as has been claimed in the production of diseases, (1) through the circulation, which it controls throughout the body, and (2) as a direct irritant of fibrous tissues and joints, then the above diet, with suitable additions and modifications appropriate to the individual case, will control its excessive production, and a large number of diseases not mentioned in the above article will be rendered amenable to the administration of therapeutic remedies.

—J. J. Morrissey, A. M., M. D.

Foreign Exchanges.

Translated by DR. E. W. BING.

LOCAL APPLICATIONS OF METHYL SALICYLATE IN THE TREATMENT OF RHEUMATISM.

Lemoine in *Le France Medical* says: "Profiting by the experiments of Linoissier and Lemoine on the cutaneous absorption of methyl salicylate, I have used this drug in a num-

ber of cases of acute and chronic rheumatism and in a case of sciatica. The action has been identical with that of salicylate of soda given internally. The absorption from the skin is as regular as from the stomach. The proportion of salicylic acid found in the urine following an application of methyl salicylate is

the same as that found after the administration of salicylate of soda in the same doses. The first, however, acts much more rapidly on the painful parts, and symptoms of intolerance are rare. It also has a much more manifest action on chronic symptoms and on neuralgia. The oil of wintergreen is generally used, and is applied directly to the skin on gauze; this in turn is covered with rubber sheeting or parchment paper, in order to render the dressing imperishable. It is not necessary, although best, to apply it over the seat of pain. The end to be attained is the rapid absorption of the salicylate of methyl.

—La France Med.

GALVANIZATION OF THE PNEUMOGASTRIC IN ANACHLORHYDRIC DYSPEPSIA.

BARADUE.

The galvanization proposed by the author in dyspepsia is, first, cervicogastric. It acts on the pneumogastric nerve and the nervous layer of the stomach; second, direct gastric application when symptomatic hypopepsia exists.

CASES.

1. Hypopepsia from functional trouble. M. T., sick for 13 years, consulted Baradue.

There existed stomach dilatation with hypopepsia, loss of appetite, what was eaten was not digested, cramps and palpitation of heart, hyperesthesia of the solar plexus, emaciation considerable. A month's treatment of pneumogastric galvanism immediately after each meal showed re-established digestion and absence of the cramps, the normal acidity of the gastric guice restored. The faradization was continued for another month. A year afterward the patient was in good health, had gained 12 pounds in weight, digestion was normal.

2. M. D. was taken with pain at top of head following mental worry. The pains gradually extended over the head, neck, chest and stomach. The duration was 16 years. The patient was emaciated. There was a painful spot over the lambdoidal suture, pressure over the neck on

the pneumogastric is painful as well as over the lower cervical ganglia. The heart beats slowly, sharp pains over the epigastrium, pain on pressure over the fourth dorsal vertebra, two painful points over the ganglions of the solar plexus. The neuralgia is therefore accompanied by (double) neuralgia of solar plexus. Treatment by galvanism was decided on both for the purpose of stopping the vomiting and for producing a normal gastric function. The sitting was conducted in this manner: The patient took a little beef tea, which, under the influence of the galvanism, was retained. The exalted muscular reflex was quieted. After the third sitting the stomach was less painful, the reflex was established and the muscular spasm was diminished, the vomiting stopped and diarrhoea supervened, indicating irritability of the intestine. This disappeared and the patient went on to state of health.

—La France Med.

ACUTE PULMONARY ODEMA.

Huckard says: "It seems useful to me to call afresh the attention of the profession to a formidable complication which may be foreseen and prevented in certain cases to a symptom, interesting from its suddenness, by the liability to erroneous diagnosis, by reason of its resemblance to syncope, to stenocardia (especially when the patient has at the same time a neuralgia resulting from the aortic lesion), to asthma, when the dyspnea, becoming paroxysmal, assumes the pseudo asthmatic mask, to toxi-alimentary or uranic dyspnea, to congestion of the lungs or even to an attack of acute systole. These constitute grave errors, since, if the attack is considered of neuralgic or asthmatic character the necessary proceeding of general and copious bleeding which is alone capable of saving the patient from almost certain death does not enter the mind of the practitioner.

It is not a condition of syncope, since the heart continues to beat and to beat wildly. It is not angina pectoris, since the patient is suffering from dyspnea. Stenocardia

is no longer painful dyspnea, for suffocating stenocardia does not exist, or if it does exist it is because the subjects have at the same time pulmonary angina with inflammation of the coronary arteries (coronararteritis), and aracinic dyspnea and odema from peri aortitis. It is no longer pulmonary congestion, except as the congestive element may be super-added to the edema. Simple uremic dyspnea does not come on so suddenly, and acute cystole, when it supervenes, is only a secondary phenomenon.

If the diagnosis then be insisted on it is because therapeutics are entirely governed by it. It is because often aortitis and nephritis (latent) may quickly show themselves by a pulmonary odema; because, in the gouty for example, the condition may be attributed solely to gout, to metastatic action, and thus the treatment

is directed into a wrong channel. Frequently, in the gouty, presenting sudden attacks of congestion or odema, will be found an aortitis manifesting itself only by a "clangorous" slowing of the second sound; or, again, one of these cases of arterial nephritis, evolving silently, without dropsy, or even without albumen. Treatment for gout in these cases does no good. The correct diagnosis and prompt and proper treatment alone will help the subject. The oedematous inundation in the acute form destroys everything in its passage, the alveolar septa rupture and the capillaries are completely compressed. There is dyspnea occasioned both by want of air and by want of blood. The danger is instant and the indications are to bleed promptly and freely. It is not syncope that is to be feared, but asphyxia.

Current Medical Literature.

URINALYSIS AND ITS IMPORTANCE IN CLINICAL MEDICINE.

One of the most extraordinary achievements of the art and science of medicine in the latter half of the nineteenth century has been the remarkable progress made in the diagnosis of disease.

It is singular, however, that pari-passu with advances in this direction there has been a steady retrogression in therapeutics. In fact we are coming to be very pessimistic of the curative action of drugs, and eagerly catch at most any remedy offered, provided only it be of a foreign source or smacks of novelty. For this reason in our time, one with a reputation as a diagnostician, though of the actions of drugs he knows nothing, is

bound to succeed. The vicious doctrine of the "self-limitation" of disease being so deeply grounded that it would seem the aim and end of medical science is to recognize and not treat disease.

The progress made during the past 20 years in the detection and appreciation of the various lesions of the urinary tract has been greater and more definite than with any other organs.

Our eyes have been opened to the fact that several lesions of the ureter, the pelvis and parenchyma of the kidney are amenable to local measure, to nephrotomy, nephrectomy, nephropexy; those of the ureter to dilation, drainage and anastomosis.

We have come to realize that the renal pathology of as late as 20 years ago is already antiquated and obso-

lete, when every renal lesion was set down as "Bright's Disease," which meant anything or nothing.

But the study of urinary morphology has cleared the horizon, and the properly trained microscopist can readily determine not only the character of pathologic changes, but their precise seat and extent. The rough and ready chemical tests of the past have but little practical value, and none at all when the epithelial elements are involved and suppurative changes have begun. This is particularly obvious in suppurative lesions of the ureter, prostate bladder, the vagina, uterus or tubes in women. Besides, in these examinations, by utilizing bacteriology we may go a step further and establish with certainty the character of the infection, whether constitutional, local, cachectic or specific.

"Surgical" kidney, another name for renal abscess, suppuration or ulceration, has only recently been added to the nosology of serious pathologic lesions, and its ready, definite recognition, with an accurate knowledge of its etiology, our modern precise and effective treatment of it, mark one of the grandest achievements of the art and science of surgery in the nineteenth century.

Aberran, with his famous master, M. Guyon, of Necker Hospital, of Paris, has further enlarged our knowledge of the tuberculous kidney in a recent contribution, entering at length on the subject (*Les Infections Secondaires dans la Tuberculose-Tirursaires, Annals Des Malad., Des Organs-Genito-Urinaires, Jan., '97*).

INTRAVENOUS INJECTIONS.

On the 2d of January, '97, I was called in consultation to a woman who, in consequence of an abortion, had a hemorrhage which none of the usual means could stop. Previously the attending physician had used several hypodermic injections of Ergot, vaginal douches of hot antiseptic solutions, but vainly. I found the patient in very bad condition; pulse imperceptible, body cold. Immediately we covered the patient, administered alcohol, hypodermic

injections of ether, ligatured the limbs and made successive vaginal injections of hot water. For a short time the patient's general condition seemed to us improved, but the bleeding continued and the patient became again cyanosed and the pulse got weaker. Vaginal examination proved the cervix slightly opened, but further exploration could not be accomplished owing to the patient's alarming conditions. I then proposed to my colleague to use injections of salt solution. An order was given the druggist to prepare a 7 per 1000 solution of Na. Cl. and we injected in the basilic vein of the left arm one quart of the fluid. To our great astonishment we had the utmost pleasure in observing that the patient's face got immediately colored, the pulse reappeared and we may say the patient began to be resuscitated as soon as the fluid had been injected. We administered a new vaginal douche. The hemorrhage lessened, but did not stop entirely. After an interval of 30 minutes the patient began to fall in collapse again. A new intravenous injection of one quart of the salt solution was administered, which was followed by a vaginal hot douche, and the patient got well again. One hour later we saw that the hemorrhage had stopped almost entirely, but the patient was not yet in desirable conditions. We injected this, the last, time two quarts of the solution, which definitely saved the patient. The hemorrhage stopped so that we did not use the vaginal douches any more. The patient made a good recovery. The only accident we observed during, and in consequence of, the injections was some cerebral excitement and a slight elevation of the temperature.

I want to call attention to the technique we used in our case, which we believe is recommendable to anyone who cannot have promptly the necessary instruments and who is compelled to act rapidly. Having no regular apparatus at our disposal and having no time to lose we had recourse to the following combination: To an ordinary Pravaz's syringe we adjusted a needle of a larger size, the piston was taken away. One end of a rubber tube was put

on the end of the syringe deprived of the piston and the other in communication with a bottle containing the solution. The needle was introduced rapidly in the vein, the bottle elevated at a height of about 50 centim. It is understood that all antiseptic precautions were taken.

This case, which is in fact remarkable from the evident and prompt effect of the salt injection, added to those reported by various authors, proves the similarity of the effects of the salt injection (artificial serum). The spectacle is indeed very striking: while death is threatening an injection produces a veritable resurrection; pulse becomes regular and strong, face gets colored, the patient, who feels alive, begins to speak and thanks us. Those who could be present would have faith in those injections. Even if death is inevitable have we not a powerful interest in such circumstances to delay it even for some hours? It is especially in such urgent cases that the intravenous way seems to us preferable. It assures a more rapid effect because the absorption is more rapid, moreover, the direct afflux of the salt solutions is not without a certain immediate influence upon the nerv-

ous centres. In ordinary cases the subcutaneous way can be used. Sahli (Berne) and Duret (Lille) have lately utilized it and obtained brilliant results. In our estimation the intravenous injections are tolerated easily, as is proved by the case reported.

A necessary condition of success is the regular function of the kidneys. With diseased kidneys the injections are useless and even obnoxious. The case reported by Dr. Fernet showed that at the autopsy the kidneys were found sclerotic and atrophied; the injected solution could not be eliminated and infiltrated the organs.

The injections can be used in different ways, but it is useful sometimes to combine both the intravenous and the subcutaneous injections, and, what is very important, to repeat the injections frequently and at short intervals.

We will terminate by saying that no woman should die from hemorrhages without an attempt having been made to save her by means of the injection of a large quantity of artificial serum into the veins.

—Alfred Gordon, M. D., in *Annals of Gynecology*, April, 1897.

Current Surgical Literature.

T. H. MANLEY, M. D., New York, Editor.

URETERO-URETERAL ANASTOMOSIS.

Dr. J. Wesley Bovee in a lengthy article on this subject, wherein he also reports all the cases to be found in the literature of this subject, formulates his conclusions as follows:

1. Uretero-ureteral anastomosis is a perfectly feasible procedure.

2. Uretero-ureteral anastomosis, whenever possible, is far preferable to any other form of ureteral grafting, to nephrectomy and to ligation of the ureter.

3. It should be done preferably by lateral implantation, or by oblique end-to-end anastomosis, though the transverse end-to-end or the end-to-

end methods may be safely employed.

4. The constrictions of the calibre of the ureter do not usually follow attempts at suturing in closure of complete transverse section of the duct.

5. That nephrectomy for transverse injuries of the ureter, per se, is an unjustifiable operation.

6. That simple ligation of the ureter, to produce extinction of the functions, of the kidney is too uncertain to justify its practice.

7. That drainage is not necessary if the wound be perfectly closed and the tissues throughout are aseptic.

—*Amer. Med. and Surg. Bull.*

SURGICAL AFFECTIONS OF
THE KIDNEYS.

Drs. J. William White and Alfred C. Wood (*Annales of Surgery*, Jan., 1897) believe that, despite the number of operations upon the kidney recorded within the past 15 years, there is still manifest an undue conservatism in dealing with renal surgical conditions. Chronic painful affections of the kidney belong properly to the surgeon. Even nephralgia is most successfully relieved by surgical measures in many cases.

An obstacle to the more rapid advancement of renal surgery is the difficulty in arriving at a positive diagnosis.

The occurrence of abscess in connection with spinal caries sometimes gives rise to renal symptoms. The authors quote Mr. Jacobson as calling attention to the great difficulty which may arise in distinguishing between certain cases of spinal caries and renal calculus. Again, Erclesen is cited as describing a case in which an abscess dependent upon caries of the vertebrae not only assumed the perinephritic form, but opened into the pelvis of the kidney, thus stimulating chronic pyelitis. The diagnosis was made by observing molecular fragments of carious bone in the pus.

A subphrenic abscess or an appendicular abscess may, in some cases, become perirenal by extension, and the condition then stimulates a renal affection. Hydronephrosis, pyronephrosis, and tumors of the kidney may be confounded with such diffuse suppuration.

The diagnosis of the common renal affection is to be made upon a careful study of the history, attention to all the symptoms, and frequently repeated examination of the urine.

Stone in the kidney, if smooth and embedded in the parenchyma, may give rise to no inconvenience whatever. Usually, however, the patient will have some of the following symptoms: Lumbar pain, fixed or radiating toward the genitalia or the upper portion of the thigh of the affected side; irritability of the bladder; gravel, hematuria, acid pyuria and renal colic. Ransohoff,

say the writers, lays particular stress on the presence of red blood corpuscles at every examination of the urine.

Palpation is at best of but occasional value. Morris has called attention to the uncertainty of detecting calculi by direct palpation of the kidney. At the present time the use of the Roentgen ray might prove an invaluable aid in diagnosis. It cannot be doubted that most kidney stones cause more or less irritation, which in time would lead to permanent and progressive organic change in the organ.

Some degree of fever is apt to accompany abscess of the kidney. This is especially true of the acute form. The symptoms of hydronephrosis and pyonephrosis most commonly observed are a constant, dull pain in the loin corresponding with the affected kidney. This may last over a long period. Sooner or later a fullness or a distinct tumor can usually be felt. In pyonephrosis the urine commonly contains pus; this, however, is also found in cystitis, prostatitis, urethritis, etc. It must be also borne in mind that in case of renal suppuration the urine is usually acid, while in long-standing cystitis it is alkaline. Moreover the microscope will detect the presence of elements characteristic of a particular locality.

In speaking of movable kidneys the writers give Tuffier's clinical classification, namely: (1) painful, (2) dyspeptic, (3) neurasthenic. Referring to the cause of movable kidney they say it has not been determined, but it is probable that different factors are responsible in different cases. Among the causes mentioned are the loss of the fatty capsule, pregnancy, pendulous abdomens, enteroptosis, heredity, the presence of a mesonephron, etc.

The prognosis after operation for the above condition depends upon the stage of the disease and upon the integrity of the opposite kidney.

The authors go on to consider anuria and give various reports of different observers as to operation on the kidney, nephrectomy, nephrolithotomy, etc.

—American Medical-Surgical Bulletin,
May 10, 1897.

SURGICAL TREATMENT OR RENAL TUBERCULOSIS.

Tuffier (Sem. Med., January 20, 1897) says that at the present time more exact diagnosis and the results of operations have proved the existence of primary tuberculosis of the kidney, which may remain localized and unilateral for a long time. Operation, however, is still a last resource, only to be undertaken after medical treatment has failed, and with a view to treating complications, rather than curing the primary lesion. In the last eight years the author has operated on the following 15 cases: (1) Twice for hematuria so copious as to endanger life; (a) woman 42 years old, primary nephrectomy, August, 1893; seen again January, 1896; no return of hemorrhage since operation; (b) girl, aged 20, nephrectomy, June, 1893; no return of hemorrhage till January, 1895, and then only slight. (2) Three times for severe pain; (a) female, aged 28, nephrectomy, January, 1892; under observation for four years since, and appeared quite cured; (b) female, primary left nephrectomy, February, 1895; ureter dilated; since seen by Israel, of Berlin, who found an ulceration, probably tuberculous, and caused by descending ureteritis, at the orifice of the left ureter; (c) female, ill, and losing flesh rapidly, nephrectomy, January, 1891; very well in January, 1895. (3) Once for secondary calculus; male, had suffered for many years from tuberculous pyelonephritis and cystitis. Cystotomy and removal of an enormous calculus encysted in the left ureter. (4) The most common indication for operation is infection or intoxication from septic products of renal origin, giving rise to very variable symptoms; they may be those of pyelonephritis, or of enormous collections of tuberculous matter without pyuria. In the latter case the difficulty is the differential diagnosis between tumors of the kidney, liver or spleen, rather than between varieties of renal suppuration. Hectic fever, emaciation, etc., are present. Tuffier has operated 9 times on such cases—5 nephrotomies, with 1 death from the operation; 2 secondary nephrec-

tomies, after nephrotomy; and 2 primary nephrectomies (1 of which was partial). The two latter recovered, but the operations are too recent (June and October, 1896) to judge of the final result.—The British Medical Journal.

MESSAGE AND MOVEMENTS IN TREATMENT OF FRACTURES.

Davis (Annals of Surgery, December, 1896) discusses these adjuncts to treatment in some varieties of fractures, and summarizes as follows: (1) Massage and passive movements are not used to their proper extent in the treatment of fractures. (2) Immobility of the fractured ends favors good union with little deformity. (3) There are some cases in which, owing either to peculiarities of the fracture or to impaired constitution of the individual, the tendency to callus formation is increased. Motion in these tends to form exuberant callus and causes deformity. (4) There are others in which bony union is unduly delayed; disturbance in these hinders union. (5) It is wise to wait till fractured parts are glued together, usually in eight or ten days, before attempting any except the lightest massage, and any extensive passive motion after that time should be used carefully but diligently. (6) Passive motion and massage when first attempted should be of the most gentle character, and not so violent as to disturb the relations of the broken bones. (7) Any marked pain or inflammatory reaction following passive motion and massage is evidence of too great violence. (8) The limb should receive massage and manipulation at each inspection or change of dressing, often daily. (9) In some cases such massage as is possible should be administered without removing splints. (10) Persistent stiffness, particularly in fracture or injuries of the wrist, is often due to a rheumatoid affection locating itself in the injured region. Massage is valuable in the treatment of this. (11) Massage should be given to that part of a limb beyond the seat of fracture to preserve it in a normal condition. (12) Such dress-

ing and methods of treatment should be adopted as will allow of the greatest use of massage and movements consistent with proper retention of fragments in position.

ABDOMINAL SECTION FOR PERFORATION IN TYPHOID.

Price (Philadelphia Polyclinic, November 14, 1896) reports 3 cases of perforation, sutured, with recovery. He states that surgery holds out the only chance in these cases, and that interference must be early, rapid, but thorough; the best needle is a round one from an ordinary sewing case. Monod, at the Societe de Chirurgie, referring to a fatal case, says that he had found 32 operations recorded, with 5 recoveries, of which 2 are absolutely incontestable, but 3 are incompletely reported; these results amply justify interference in every case where the patient's general condition allows it.—Routier had operated on the eighth or ninth day, basing the procedure on pain localized at a point in the right iliac fossa, finding and suturing two perforations.—Brun operated on a child that lived for seven days, when 5 other perforations were found; the ligature had held perfectly.—Lejars had operated on 2 cases, both ending fatally; the second lived for two days, and apparently died from the course of the fever, the operation preventing the use of cold.

VARICOCELE SUBSEQUENT TO HERNIAL OPERATIONS.

Thiriar lately reports a case of a man, 31 years old, whom he operated on for a voluminous hernia. Twenty months afterward he returned with no relapse of the hernia, but with a vast spermatocele, produced by pressure on the pampiniform-plexus of veins. It had been compressed by the sutures employed in closing the inguinal canal. The testicle had undergone extensive atrophy. (*Revue des Science Med.*, Feb., 1897).

(Note.—It is always well for the operator to remember when he undertakes to perform the radical cure for hernia that, unless the inguinal canal can be left free, serious com-

pression of the veins with atrophic changes in the genital gland are quite certain to follow.—T. H. M.)

LAPAROTOMY IN TUBERCULOUS PERITONITIS.

Von Marchthurn (Wien. klin. Woch., March 4, 1897) records 19 further cases of this affection operated on by Chrobak. No patient died directly from the operation, but one succumbed the day after from anastomosis. Twelve patients recovered entirely from the peritonitis, but two of them died five months and two years respectively after the operation of pre-existing pulmonary disease. In three cases a second laparotomy was necessary three to seven months after the operation; two of the patients recovered completely, the third died of pulmonary tuberculosis five months later without abdominal recurrence. Two patients had been tapped before the operation; one of these was cured, the other could not be traced. Eleven of the cases were complicated with lung trouble, of these three died, two from the pulmonary affection, the abdominal mischief having healed, the third from exhaustion. All the 8 patients with sound lungs recovered. The author is thus disinclined to follow Spaeth in forbidding operation in patients with lung disease. In 6 cases there was tuberculosis of the generative organs; in 4 both sets of the appendages were affected, but too tightly bound down by adhesions to be removed. In 3 of these the tumors disappeared after the operation; the fourth patient left the hospital relieved, but was then lost sight of. Of the other 2 patients, one, who died the day after operation, had a tuberculous abscess of the left ovary; the other a tubo-ovarian cyst, which could not be removed, and which eighteen months later had given rise to no further trouble. Three cases had high temperature before operation; these did perfectly well, and in only one of the others did the thermometer register 100 degrees F. after laparotomy. The diagnosis was invariably verified microscopically. The after-history was unfortunately

deficient in 6 cases. Altogether out of 38 cases treated by Chrobak in the years 1887-96 by simple laparotomy, 21 (55 per cent.) were completely cured. The most rational explanations of these cures appear to be stimulation of the peritoneum and the removal of fluid from the abdomen; the former is the more generally applicable, as dry tuberculous peritonitis is equally adapted to the treatment. The author concludes by giving Chrobak's opinion that in tuberculous peritonitis medical treatment is useless, and tapping at best of but temporary service; incision, and if necessary, evacuation, of the abdominal contents afford by far the best chance of recovery.—*The British Medical Journal*, April 17, 1897.

ON CERTAIN SYMPTOMS OF SPINAL CORD AFFECTION IN BICYCLE RIDERS.

By Edward Semple. M. D. Brux.
L. R. C. P. Edin., and James
Taylor, M. A., M. D.

We have recently been associated with Dr. Hughlings, Jackson and Dr. Cayley (to both of whom we are much indebted for suggestions in reference to the present paper), and also with Dr. Voelcker and Dr. Colman, in the care and treatment of a patient suffering from myelitis, in whom the first symptoms—numbness in the perineum and loss of muscular sense in the legs—came on very soon after hard bicycle riding. This case has been the means of directing our attention to the possible association in other cases of symptoms indicating an affection of the nervous system with bicycle riding. The case of the patient referred to above we are not at liberty to publish at present, but we are able to give an account of a case of a similar nature which has been under treatment in hospital.

Case 1.—The patient was a young man, who had had a chancre, but no sore throat or skin eruption, and had otherwise enjoyed good health. He was in the habit of riding a bicycle daily, and he rode as hard and as fast as he could, and after getting home he not infrequently lay in a draught to cool himself. After some

months he found that he had numbness in the penis and perineum, and that during connection he had no sexual sensation although there was emission. He still continued to use his bicycle, but he then began to have difficulty with his legs, first with the right and later with the left, and he found that he could not feel the pedals of his machine as he rode. He then had incontinence of urine, and he also found that he had no sensation when he passed a motion. There was now also much adductor spasm in the legs, so that they sometimes became crossed, and remained so until forcibly replaced with the hands. He became unable to walk unless supported on either side, and he had difficulty in lifting the feet, the toes (especially of the left foot) seeming to cling to the ground. There was no wasting of the muscles or change in electrical reactions. The knee-jerks were exaggerated and ankle clonus was present. There was diminished sensation above the knees, and the sense of position as regards the left foot was lost. His condition gradually improved, so that he became able to walk without support, although there was some unsteadiness, which was chiefly manifested when he stood with his feet together or when in walking he suddenly turned round. His gait was markedly spastic, and the knee-jerks were still exaggerated and ankle clonus was present. There was no impairment of sensibility and he had regained to some extent control of the bladder, although he had no sensation in the urethra when he passed urine, and he had neither erections nor emissions.

This, then, was the case of a man, otherwise apparently strong and healthy, in whom impaired sensibility in the penis and perineum and loss of sexual sensation succeeded hard bicycle riding, and to these symptoms were superadded others which pointed unmistakably to an affection, probably a slight diffuse myelitis, of the lateral and posterior columns of the spinal cord.

Case 2.—The next case that came to our knowledge was that of a strong and healthy man, aged thirty-

two years, who mentioned in conversation that some years ago, after a long bicycle ride, he experienced a sensation of coldness, numbness and tingling in the penis. On being recently questioned he repeated the above statement, and in reply to a question said he did not feel the urine pass if he micturated within some hours after a long bicycle ride, and that he then had to look to see when the stream of urine stopped, having no knowledge of its cessation unless he did so.

Case 3.—Another patient seen by one of us was a man who spent his last autumn holiday on a bicycling tour. He stated that he experienced numbness, cold and "pins and needles" in the penis and perineum after riding, and he also noticed that when bicycling, instead of being, as he usually was at other times, regular in his bowels, he never had any call to stool. He went as usual, however, but he passed his motion without any of the ordinary sensations.

In all these cases, apparently, a similar condition existed—viz., a sensation of numbness in the penis and perineum, and loss of sensation during the passage of urine and motions for some hours after riding. We have also heard, through a woman whom they themselves informed, of two sisters, enthusiastic bicycle riders, who habitually experienced numb-

ness in the perineal region after riding, and total loss of sensation when passing urine, this loss persisting for several hours. In Case 1, however, although similar symptoms were present, others were super-added, indicating a more serious condition—viz., an actual affection of the spinal cord. It is not unlikely that in all of them there was produced, presumably through pressure, some condition of the nervous structures subserving the perineal region, possibly analogous to that which obtains in pressure palsy or crutch palsy. It is possible that in the case in which the spinal cord became most involved this condition became an actual neuritis, and that the inflammation spread so as to set up a similar process in the spinal cord. It is a well-known fact that after an operation for hemorrhoids there may be temporary retention of urine, and in a case mentioned by Mr. Jonathan Hutchinson (1) there was, following such an operation, complete permanent paralysis of the sphincters of the bladder and anus, an effect probably of a localized destructive lesion in the spinal cord. It is probable that a similar mechanism was effective in the case mentioned of myelitis which was preceded by numbness in the perineum (2).—The Lancet.

Current Literature in Obstetrics and Gynecology.

INTRAUTERINE INJECTIONS OF STEAM IN PUERPERAL ENDOMETRITIS.

Kahn claims excellent results in seven out of eight cases of septic endometritis after labor or abortion. His practice is to inject superheated steam into the uterine cavity. A metal can, with a spirit lamp and

thermometer (which must mark to 200 degrees Centigrade) serves as a boiler, the tubing fitting on to a catheter. The application lasts about half a minute, and never over a full minute. By a tap, the current of steam can be interrupted while the catheter is being adjusted before use, lest scalding or burning should occur. The temperature of the steam

must be a little above boiling point—about 110 degrees Centigrade. Kahn finds that the jet of steam is followed by no bad effects, and gives little or no pain. It actually puts a stop to the tenderness of the uterus usual in puerperal endometritis from retained placenta, etc. Uterine contractions are actively stimulated, and ill-smelling discharges cease. Kahn has no doubt that the steam kills the bacteria in the endometrium, and as it coagulates albumen, all blood vessels and lymphatics are sealed up and fresh granulations can develop under a protective covering.

—Centralblatt f. Gynak., No. 49.

RETENTION OF DEAD FOETUS IN UTERUS.

Biot claims to have observed two evident cases of this phenomenon, and to have attended a third patient where retention occurred during a pregnancy when she was under the care of another. The first patient was 27. During the third month she fell downstairs. The uterus remained stationary till five months and a week after the accident, when labor set in, and a macerated foetus of the fourth month was delivered. Intra-uterine injections of carbolic acid were employed, and the puerperium was natural. The patient has since borne a healthy child. The second patient was 28 years old. At the second month threatened abortion was observed, and the uterus henceforward ceased to enlarge. Six months later labor pains set in; the uterus was of the size of a big fist. Spontaneous delivery occurred. A complete unruptured ovum was discharged, followed by a large placenta, though the foetus was very small, only just over an inch long and mummified. A feverish attack occurred during childbed. From its clinical characters, Biot considered that it represented not sepsis, but paludal fever, from which the patient had suffered eighteen years before. There seems, however, to have been left parametritis. The patient got up on the eighteenth day apparently quite well. The third patient was 42. She struck against a bench when six and a half months preg-

nant. At term she was delivered of a macerated foetus. Between that time and the previous injury she had enjoyed good health and attended to her business. Four months after delivery a cervical gland suppurated. Other glands in the same region became inflamed from time to time, and this condition has lasted for several years. Biot attributes the adenitis not to the abnormal pregnancy, but to the unhealthiness of the patient's home. The writer concludes with a useful historical summary of previous cases of retained foetus.

—Lyon Med., Feb. 28, 1897.

BAD LABORS AFTER VAGINAL FIXATION OF UTERUS.

Gessner relates two serious cases where pregnancy occurred after Duhrssen's operation. The first had undergone vaginal fixation for prolapse. The usual disturbances occurred during the first stage of labor. When the waters broke the cord prolapsed. After turning, deep incisions into the cicatricial tissue in front of the cervix were found necessary, and the child was delivered alive. The second patient had been under the hands of Duhrssen himself. The labor was unusually complicated, for there was placenta previa centralis, and the bladder was strongly deflected to the left. Four hours after turning a dead child was spontaneously delivered. Gessner distinctly implies that in these cases the operation of vaginal fixation was skilfully performed and for good reasons. Successful as they seemed to have proved for relieving the displacement, they gravely complicated labor. In the second instance parametritis occurred in childbed.

—Centralbl. f. Gynak., No. 48, 1896.

FLESHY MOLES AND ABORTION.

Neumann (Monatsschrift f. Geburtshilfe u. Gynak., February, 1897) publishes an important communication on a disease of the products of gestation already described by Breus in 1892 under the name of "tuberous subchorionic hematoma of the decidua." He concludes, how-

ever, that Breus simply described a form of the well-known fleshy mole. The histology, as laid down by Breus, corresponds to that of other moles described in scattered papers by careful observers. Blood being irregularly extravasated under the chorion, that membrane is pushed inwards in an irregular fashion. Hence no doubt the term "tuberous hematoma" is not incorrect, but the same might be applied to most fleshy moles. Neumann concludes that the fleshy mole is undoubtedly a form of the process known as abortion, a fact long admitted, but he advises the obstetrician to remember that the pathological changes which produce it may occur at very different stages of pregnancy. Hence the precise time at which the arrest of normal pregnancy occurred cannot always be determined by examination of a fleshy mole.

INJECTIONS OF ARTIFICIAL SERUM IN A CASE OF HEMORRHAGE DURING PREGNANCY.

Schuhl (Rev. Med. de l'Est, February 1, 1897) enumerates the different methods of introducing saline solution after hemorrhage: (1) Intraperitoneal injection has been successfully employed, but there is danger of wounding important structures with the trocar. The method should therefore be employed only in hemorrhage during laparotomy. (2) Rectal injection. Cholmogoroff advises about half a litre for the first injection, to be repeated after 20 to 30 minutes, and a third given if necessary. This is the best method when instruments for the third and fourth methods are not at hand. (3) Hypodermic injection gives excellent results unless the patient is so far gone that no absorption takes place. In such cases (4) injection directly into veins must be practiced. The following is an example: Multipara, aged 42. The present (11th) pregnancy began at the end of November, 1895. On August 18, 1896,

copious metrorrhagia, without pains, which ceased with rest in bed. On August 26 fresh persistent hemorrhage, lasting from early morning till evening, when she was admitted into hospital. The placental insertion was found to be abnormal, the lower margin being just posterior and to the right of internal os, which was nearly as large as a florin. Vertex presentation. The vagina was plugged antiseptically, and 360 c.cm. artificial serum (NaCl. 5 g., and Na² SO⁴ 10 g. per litre) injected hypodermically. Champagne ordered. At 3.30 A. M. the next day condition was very serious; the patient was unconscious, and the radial pulse was imperceptible. Subcutaneous injections of caffeine and ether, and bandaging of all the limbs so as to drive blood to the trunk. As death still appeared imminent half a litre of artificial serum was injected into the right median basilic vein. Immediate improvement followed. At 10 A. M., though improvement was maintained, 200 c.cm. of the saline solution were injected hypodermically, at 12 mid-day 180 c.cm., and at 4 P. M. 200 c.cm., besides several injections of caffeine and ether. In the afternoon labor pains came on. At 5 P. M. the vaginal plug was withdrawn, and it was found that no hemorrhage had taken place since its insertion. The os was rather larger than a florin, and the membranes were at once ruptured. In spite of the head engaging in the os, hemorrhage recurred five minutes later. The hand was therefore introduced into the uterus, version performed, and the fetus extracted alive. No further hemorrhage during delivery or after the expulsion of the placenta. After delivery 240 c.cm. of saline solution were injected hypodermically, making nearly a litre and a half injected in all. Recovery was uninterrupted. Thus in this case, while 360 c.cm. hypodermically had very little effect, 500 c.cm. intravenously saved the life both of the mother and child.—British Medical Journal.

Therapeutical Progress.

EUCAINE.

A NEW LOCAL ANESTHETIC.

A Clinical and Experimental Contribution by Professor Gennaro Scognamiglio.

The very favorable judgments that have recently been delivered on the new local anesthetic, Eucaïne, by prominent authorities (Vinci, Berger, Deneffe, Foster and others), have led me to undertake a series of clinical and experimental investigations with it. I was further incited to this work by the ever-increasing number of complaints about cocaine that are appearing in Italy. I enjoyed the assistance of several distinguished colleagues in the work (Alberti, Pansini, Taceoni and Et-tore), who employed the remedy in various departments of practice.

I have myself used cocaine for years, in spite of its toxic by-effects and the other disadvantages that seemed inseparable from it; but it has always been my desire to find a less dangerous substance in its place.

For reasons that can be readily understood I made the experimental investigations before proceeding to the clinical work. The points that I desired to settle were:

1. Does Eucaïne really possess a powerful anesthetic action?

2. Is it really much less toxic than cocaine?

My investigations as to these two points have resulted favorably, as is evident from the tables appended below. I made ten experiments to determine the grade of the anesthesia effected by Eucaïne. My results were as follows:

I.	
Time. Hour, Min.	Male, 28 years old, with foreign body in the left cornea. Much irritation.
	Male, 23 years old, with foreign body in the right cornea. Marked irritation.
	Instillation of two-per cent. Eucaïne solution.
	Instillation of two-per cent. cocaine solution.

10.28	Instillation of one drop.	Instillation of one drop.
10.32	Marked anaesthesia. Slight hyperaemia of the connective tissue.	Marked anaesthesia. Slight ischaemia.
10.35	Second drop.	Moderate anaesthesia.
10.45	Anaesthesia remains at the same grade. No dilatation of the pupil. Accommodation not disturbed.	Marked dilatation of the pupil. Accommodation slightly disturbed.
10.50	Moderate anaesthesia.	Anaesthesia almost gone.
10.52	Slight anaesthesia.	Anaesthesia gone.
10.54	Anaesthesia gone.	

II.

Male, 25 years old, with bilateral subacute catarrhal conjunctivitis. The right eye is somewhat more affected than the left.

9.15	Instillation of one drop of Eucaïne solution into the right conjunctival sack.	Instillation of one drop of the cocaine solution into the left conjunctival sack.
9.18	Marked anaesthesia. Hyperaemia of the palpebral conjunctiva. No mydriasis.	Anaesthesia and ischaemia.
9.23	The anaesthesia continues unchanged.	Ibid.
9.25	Instillation of a second drop of the Eucaïne solution into the right conjunctival sack.	Instillation of a second drop of the cocaine solution into the left conjunctival sack.
9.28	Well marked anaesthesia.	Ibid.
9.31	Ibid.	The anaesthesia is diminishing.
9.33	Moderate anaesthesia.	Anaesthesia almost gone.
9.37	Ibid.	Anaesthesia gone.
9.40	Anaesthesia almost gone.	

As the foregoing and other experiments indubitably show, the Eucaïne anesthesia is more marked and lasts longer than that of cocaine. Still other advantages of Eucaïne are the absence of pupillary dilatation and of any disturbing by-effects.

We have also experimented with the idea of comparing the toxicity of Eucaïne with that of cocaine. In all our trials, in which both mice and rabbits were used, the lesser poison-

ous action of the Eucaïne was manifest. This will be clearly seen from the following table:

Time. Hour. Min.	Rabbit weighing 1270 gms.	Rabbit, weighing 1200 gms.
	Eucaïne two-per cent. Subcutaneous injection of a two-per cent. Eu- caïne solu- tion (0.20 gm. per kilo).	Cocaine two-per cent. Subcutaneous injection of a two-per cent. cocaine solu- tion (0.20 gm. per kilo).
9.30		
9.33	Tonic and clonic convulsions.	Tonic and clonic convulsions.
9.36	The convulsions are more violent.	As with Eucaïne.
9.55	Dyspnoea.	
	Convulsions and dyspnoea very violent.	Convulsions and dyspnoea as in the Eucaïnized animal. Salivation.
10.20	Opiathotonus.	Collapse.
	and dyspnoea unchanged.	
10.50	Ibid.	Death.
11.30	The convulsions are less frequent and severe.	
12.30	Short intervals of rest; but the animal cannot arise.	
2.50	The animal attempts in vain to walk.	
4.30	The animal has sat up a little; but the weakness of the musculo-motor apparatus is such that it cannot maintain itself erect.	
	On the following day the animal got well.	

These brilliant results induced us to try Eucaïne in various branches of medicine; in nose and throat diseases (10 cases), in dentistry (25 cases), in ophthalmology (15 cases), in surgery (13 cases). Our experiences were very favorable. Without going into the clinical histories in detail, I will recapitulate the results.

In rhino-laryngology Eucaïne was used in the following diseases:

a, Tubercular laryngeal ulceration, three cases; b, nasal polypi, two cases; c, papillomata of the larynx, three cases; d, exostosis of the septum, one case; e, nasal tuberculoma, one case.

In all these cases an eight to ten per cent. Eucaïne solution was employed. The results were far superior to those formerly gotten with cocaine. The Eucaïne anesthesia began quickly and extended over a wide area. Of very especial import-

ance is the fact that in no case did any poisonous symptoms appear. In two of the patients affected with laryngeal ulceration, who were being treated by Heryng's method (curettage, followed by painting with lactic acid), the cocaine anesthesia had been very unsatisfactory on several occasions, and an energetic curettage had been impossible. Under the Eucaïne anesthesia it was possible to entirely remove the tubercular laryngeal ulceration in three sittings.

In the domain of dentistry Eucaïne was found extremely valuable. Dr. Perlati, an excellent practitioner of that specialty here, tried the new anesthetic most conscientiously at my suggestion. He has recently informed me that he has used Eucaïne in ten cases of extraction of incisor and molar teeth and always with great satisfaction. He has been delighted to find that:

1. Complete anesthesia can be obtained with Eucaïne, and teeth can be extracted with absolute painlessness.

2. That an eight to ten per cent. solution of Eucaïne causes none of those toxic symptoms that are so much to be feared with cocaine.

Dr. Gini, who was good enough to use Eucaïne in five cases of extraction, is under the impression that the drug has even more valuable properties than are claimed for it.

I shall mention three more cases, which are of especial importance for our estimation of the practical value of the drug. One was a case in which a number of molar and incisor teeth were to be extracted. The effect of the anesthetic was such that the patient expressed a wish to have the operation completed in a single sitting. In two epulis operations also the effect of the Eucaïne was a brilliant one.

In the department of ophthalmology Eucaïne was employed in the following cases: Keratitis interstitialis, three cases; kerato-conjunctivitis, one case; foreign body in the cornea, four cases; keratitis phlyctenulosa, two cases; catheterization with Baumann's sound, two cases; chalazion operations, three cases.

I can summarize the result of the Eucaïne anesthesia in these cases as follows: It is much preferable to cocaine anesthesia in ophthalmology, save in those cases in which an ischemic effect is required at the same time as the anesthetic one, on account of the mydriasis and disturbance of accommodation that is inseparable from cocaine.

Finally we used Eucaïne in the domain of minor surgery, as follows: Removal of the nevus, three cases; removal of enlarged glands of the neck, two cases; Vesical catheterization, five cases; removal of fibromata of mammae, three cases.

In two cases only was it necessary, on account of the long duration of the operation, to re-inject the ten per cent. solution of Eucaïne. In the others a single injection completely answered the purpose.

The final result of these experiments was as follows: Eucaïne is at present our very best local anesthetic, and will undoubtedly displace cocaine in the near future. We are glad to be able to transmit these results to our German colleagues.

(Signed),

PROFESSOR DR. GENNARO SCOGNAMIGLIO.

SALOL IN VASELINE.

Salol in vaseline, its best solvent, is found by Dr. Colombini to possess a local action in contact with alkaline fluids or living tissues, which is far superior to that of the salicylic acid and phenol into which it is decomposed, the usual irritant properties of these substances being lost. The skin and inflamed surfaces are found not to be irritated, and ulcerations heal without pain or local reaction.

—Riforma Medica.

Prescriptions.

TOOTHACHE.

The following mixture has been recommended for toothache:

R—Cocaine hydrochlorate.....1 part
Camphor 50 parts
Chloral hydrate50 parts
Water, a few drops to obtain a clear solution.

A little of this solution is placed on a small piece of cotton, introduced into the cavity of the tooth and allowed to remain there for twenty-four hours.

—London Practitioner.

VOMITING IN PREGNANCY.

R—Dil'd nitrohydrochloric acid.. $\frac{3}{4}$ dr.
Spirit of lemon.....1 dr.
Simple syrup2 oz.

M. Give one teaspoonful in a wine-glass of ice water three times a day.—Buffalo Medical and Surgical Journal.

APPLICATION FOR CORNS.

R—Acid. salicylic30 gr.
Ex. cannabis ind.....10 gr.
Collodii.....4 dr.

M. Paint on corns night and morning for several days.

NEURALGIAS.

R—Menthol
Guaiacol Each 1 gram
Alcohol abs.....18 grams

M. S. Apply one drachm locally two or three times in 24 hours and cover with cotton.—Sabbatani.—Medical Times and Hospital Gazette.

APPLICATION FOR NETTLE-RASH.

R—Sugar of lead15 grs.
Dil. hydrocyanic acid4 drs.
Alcohol7 $\frac{1}{2}$ drs.
Distilled water.....q. s. ad. 2 oz.

M. S. To be applied on cotton wool.—Dublin Journal of Medical Sciences.

ICHTHYOL VARNISH.

R—Ichthyol 25 parts
Carbolic acid2 $\frac{1}{2}$ parts
Starch50 parts
Water22 $\frac{1}{2}$ parts

Dissolve the ichthyol and carbolic acid in water with heat, then add the starch.—Unna.—Medical Times and Hospital Gazette.

